

Standard: <i>Course Authorization Form</i>	
Issue Date: May 5, 2000	Standard ID: <i>S-TR-040</i>
Supersedes: March 13, 2000	Rev/Change 2.0

1. Purpose: Allows an employee to request a training course and obtain the Supervisor's approval.

2. Creating Procedures:
P-TR-040 – Registering for a Course

3. Contents:

- a) *Requestor:* the name of the trainee
- b) *Employee #:* the SAIC employee number or Social Security Number for non-SAIC employees
- c) *Date:* the date the form was filled out
- d) *Phone Number:* the phone number of the trainee
- e) *Supervisor:* the name of the trainee's supervisor
- f) *Organization:* organization the trainee belongs to
- g) *Current Project(s):* the names of the projects the trainee is currently working on
- h) *Roles:* the functional roles the trainee currently fills
- i) *Course Requested:* the name of the course requested
- j) *Reason for Request:* check the item that describes the reason for requesting the course
- k) *Length of Course (Hours):* the number of hours for a course
- l) *Date:* the date the course will be taught
- m) *Time:* the time the course will be taught
- n) *Location:* the place the course will be taught
- o) *Charge Number:* the charge number authorized by the supervisor for the trainee
- p) *Disposition:* the supervisors decision to approve or reject the trainee's request
- q) *Supervisor Signature:* the signature of the trainee supervisor
- r) *Date:* the date the supervisor signed the request
- s) *Supervisor's Reason for Rejection:* if the supervisor rejects the request they must specify the reason for the rejection
- t) *TR Coordinator's Signature:* the signature of the Training Coordinator
- u) *Date:* the date the Training Representative signed the form

4. Format:
Following Page

5. Notes:

- a) The SPI training database is currently maintained by SAIC for ATISD.
- b) The designated Training Coordinator develops the training plan for each individual. This Standard allows an individual to request additional training. The Training Coordinator tracks the trainee's completion of the requested class.

Course Authorization Form

Requestor: _____

Employee #/SSN#: _____

Date: _____

Phone Number: _____ Supervisor: _____

Organization: _____

Current Projects	Role

Course Requested: _____

Reason for Request: ☐ Required by SEPH ☐ Personnel Development
 ☐ Suggested by SEPH ☐ Required by Project
 ☐ Required by Contract

Length of Course (Hours): _____ Date: _____ Time: _____

Location: _____

Charge Number: _____

☐ Approved ☐ Rejected_____
Supervisor Signature/Date

Supervisor's Reason for Rejection:

TR Coordinator Signature/Date[S-TR-040](#)